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SURGICAL CASES, FROM THE RECORDS OF THE CITY HOSPITAL,
BOSTON.

[Reported for the Boston Medical and Surgical Journal, by DAVID W. CHEEVER, M.D.,
one of the Visiting Surgeons.]

FOURTEENTH PAPER.—*Perineal Section. Foreign Body in the Side.
Peri-nephritic Abscesses.*

CASE VI.—*Impermeable Stricture of the Urethra; Perineal Section by one stroke of the Knife, without Dissection.*—(Service of Dr. CHEEVER.) The patient, 44 years old, has had stricture for seven years. Entered the hospital June 5th, at one o'clock in the morning, with retention for thirty-six hours. The catheter could be passed only to the root of the penis, when it brought up suddenly and completely, without entering the bulb. There was swelling and œdema, with redness and induration of the scrotum, but no appearance of extravasation in the perinæum or over the abdomen. The bladder was tapped through the rectum, and a quart of urine drawn. The catheter was fastened in.

The next day an abscess was opened in front of the scrotum, and a good deal of pus and infiltrated urine evacuated. The patient's condition improved much after these measures; but the urethra remained impermeable, and it was evident that a radical operation would be required to ensure permanent relief.

June 7th.—He was etherized and placed in the position for lithotomy. No staff could be introduced. Instead of dissecting down for the membranous urethra in the usual way, perineal section was done, as follows.

The forefinger of the left hand, with the palmar surface uppermost, was introduced into the rectum, and the tip of the finger placed at the apex of the prostate gland. A long, narrow, single-edged amputating knife, with a blade of four inches in length, was held, with the cutting surface uppermost, in the right hand. The point was entered in the median *raphé*, half way between the perineal centre and the anus, and pushed straight in until the point could be felt impinging on the tip of the left forefinger. Guided on this, as on a

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director, the back of the knife sliding over the finger, with a thin, but perceptible septum of the wall of the rectum between them, the point of the knife was pushed straight on into the bladder. A pint of urine followed the knife, and a very little venous blood. The bladder was thus opened by a single incision, without withdrawing the knife; and the incision being exactly in the median line, but few vessels were cut. A catheter was fastened in.

The patient made a more prompt recovery than is usual after perineal section. In four weeks, he took a No. 8 catheter by the urethra. In five weeks he was discharged, passing a bougie himself. In seven weeks, the perinaeum was closed.

In all those cases in which we have seen perineal section performed by dissection, *without a guide* in the urethra, and in several cases in which we have so performed the operation ourselves, fully an hour has been consumed in finding the membranous urethra. The perinaeum has been very much cut up by repeated, though minute incisions; a wound has been left, lacerated rather than incised, and hence slow to heal and prone to slough; and the patient has been left in a state of very considerable exhaustion from prolonged etherization and hæmorrhage. In all such cases recovery has been slow, and the perinaeum reluctant to close. Perineal section of the membranous urethra, done without a bougie or a staff, in a case of impermeable stricture, has been notorious among all surgical writers as a long and difficult operation.

By the method above described, advocated by Mr. Cox, we substitute a minute or two for an hour; and a single, clean median incision for a prolonged hacking of the parts. Due care being taken to start in the median raphé, to use a single, deliberate and unswerving thrust with a long, narrow and single-edged knife, it does not seem to me that this mode of operating is as difficult as, or more dangerous than, the ordinary way.

Sir Henry Thompson, in his admirable work on Lithotomy, insists again and again that far more danger results from laceration in the vicinity of the neck of the bladder, than from the most free incisions. In speaking of the dangers of urinary extravasation after lithotomy, he says (pp. 87-88):—"There is good reason to believe that, in most cases, urinary extravasation is not the primary cause of the inflammation, but *vice versa*. Cellulitis, produced by violence, has first destroyed the connections of the tissues, and then the urine infiltrates into the disintegrated parts. . . . Infiltration by no means necessarily occurs when urine passes over free incisions of cellular spaces, so called. In fact, cellular *interspaces* between muscles do not exist, except when made by the dissector, &c."

"It appears that, in the majority of cases, death is due to unnecessary violence inflicted on the neck of the bladder, and the parts adjacent, occasioning destructive inflammation of the connective tissue, and of the network of minute vessels that pervade it."

Neither does he consider that urinary infiltration will necessarily follow an incision carried beyond the fibrous capsule of the prostate. Such an incision is always made in the operation for lithotomy in children, in whom the prostate is only rudimentary, and yet urinary infiltration in them is very rare.

Now it is precisely an analogous series of lacerations and violence which is inflicted on the cellular tissue of the deep perinæum in the ordinary search for the membranous urethra *sans guide*; hence its indisposition to close. Neither does it appear that any serious peril will necessarily follow a clean incision, prolonged even through the prostate itself.

CASE VII.—*A Foreign Body, unsuspected for three years, removed from the Side; Recovery.*—(Service of Dr. CHEEVER.) Mrs. —, aged 27, was first troubled three years ago with a pain in her left side. Three months later, she noticed a projection of the lower ribs, just over the stomach. This state of affairs continued until a year ago, since which the pain and swelling have increased. The pain is throbbing, and requires the daily use of opiates. Since four months past, it has begun to wear upon her health. The ribs are much more prominent than on the other side. The skin is neither adherent nor inflamed, though discolored by many applications. There is great tenderness on pressure. A lateral curvature of the spine, towards the left, exists in the dorsal region. There is a general fullness over the left side. Just outside the swelling is a scar, where she had caries of a rib when a child. There are no signs of any organic disease to be discovered. The lung is resonant, and respiration good down to the very line of the swelling. The form is distorted from the spinal curvature. Position and sounds of heart normal. Tongue furred. Pulse 80. Bowels a little confined. The patient has consulted numerous surgeons and physicians of eminence, both in Boston and elsewhere. No satisfactory diagnosis has been given. She has suffered from polypharmacy. Our own suspicions point to one of two diseases—caries of a rib, or an old and limited empyema.

Worn out by pain, and tired of spending her time and means in fruitless medical advice, she enters the hospital, desiring some form of operation for relief. An exploratory incision having been proposed to her, she readily assented, and preferred to bear it without ether.

June 2d.—A crucial incision was made over the most tender spot. The knife came directly down on a cambric needle, much corroded, which lay across and between the ribs. No other disease was found. There were several indurated and tender spots near by, where the needle had probably laid from time to time. These were all laid open, and the external wound enlarged.

It is needless to follow the subsequent history of the case. The neuralgia gradually subsided; and she was discharged, at the end of three weeks, with every prospect of entire recovery.

CASE VIII.—*Peri-nephritic Abscess*.—(Service of Dr. CHEEVER.) C. S., aged 17, a delicate and anæmic girl, in whom the catamenia have never appeared, entered the hospital April 9th, 1867. Has been somewhat troubled with incontinence of urine for three years; otherwise in fair health. Two weeks ago, first noticed a slight soreness over right kidney, and a small tumor growing slowly. Now, a fluctuating swelling in right lumbar region, three inches in diameter, without redness; but little tender, and having a boundary wall of lymph. No sensitiveness or deformity of spine. No weakness or paralysis of legs. No lameness or evidence of any trouble in the hip-joint, nor has there ever been. No chills, but profuse sweats within the fortnight.

She was etherized and the tumor opened, giving exit to a considerable quantity of laudable pus, free from odor. A probe could be passed in three inches, perpendicularly. No denuded bone to be found. Probe impinges on an elastic wall. The urine was examined, but nothing abnormal found.

The abscess continued discharging less and less for one month. No other symptoms presented themselves. She improved under tonic treatment, and was discharged, nearly well, May 10th.

The freedom from acute symptoms must class this collection with cold abscesses. The absence of all spinal or pelvic disease, and the depth and location of the matter, indicate the cellular tissue near the kidney as its probable source.

CASE IX.—*Peri-nephritic Abscess*.—(Service of Dr. CHEEVER.) Lizzie B., Irish domestic, aged 17, born in Boston, of healthy parentage, entered the hospital Feb. 11th, 1867. Four weeks ago, after wetting her feet, the menstrual flow ceased, and a difficulty in retaining urine occurred. This symptom at first compelled frequent micturition only; at present, however, there is complete incontinence. There is no pain, nor has there been at any time a chill. No dribbling of urine while lying down. During night, obliged to pass water five or six times, owing to pain at meatus. Pulse 90. Temperature 100°. Bowels costive. Tenderness in right lumbar region. No tenderness nor dulness at hypogastrium.

An examination of the urine resulted as follows:—"Color, orange; sediment, white, and pours like white of egg; specific gravity, 1017; acid; albumen $\frac{1}{2}$. By microscope, large amount of pus corpuscles; no blood nor casts." Treatment—Iron, oil and uva ursi.

Four days after entrance, had a slight chill during the night, followed by pyrexia. Another chill soon occurred.

March 22d.—An increased amount of pus in urine; another chill; tenderness over left kidney.

April 1st.—Chills again. Same condition of urine; no casts found. Some complaint of fixed pain in *right* renal region; heretofore pressure was needed to obtain evidence of its existence.

During the month of May, a troublesome cough (bronchitic) existed.

June 12th.—Urine examined; specific gravity 1015; sediment less than at previous examinations, somewhat agglutinated; no albumen. Pus, under microscope.

July 7th.—Dr. Cheever examined the patient, in consultation. He confirmed diagnosis of fluctuation in right lumbar region. Fluctuation was very difficult to verify. By placing the left hand flat over the right lumbar region, closing the eyes, and having some one else tap repeatedly on the other border of the swelling, a wave could be felt. The indications of pus, from the swelling, deformity and rational signs, were more marked.

10th.—Patient having been fully etherized, Dr. Cheever introduced an exploratory trocar between the 12th rib and the crest of the ilium. Pus appeared. The large trocar was then introduced, and at least two ounces of a thick, purulent fluid, quite foetid, were discharged. The portion last appearing was thick and curd-like. A probe could be passed in, perpendicular to the surface, at least three inches. It reached a soft, elastic wall. No bone could anywhere be felt; nor was there any other evidence of disease of the spine or hip.

13th.—Increased amount of pus in urine; less pain in renal region.

24th.—Urine examined. For the first time, an abundant amount of mucous cloud is seen, containing a white deposit. The merest trace of albumen. Pus corpuscles still found under the microscope. *The amount of purulent sediment, however, has excessively diminished.*

29th.—Urine diminishing in quantity. Right leg œdematous, somewhat painful.

31st.—No albumen nor pus found in a specimen of urine passed this morning. Skin of leg tense and shining.

Aug. 4th.—Bowels becoming loose. Pulse has been almost universally above 100. Cough now became troublesome, together with soreness of chest.

Sept. 9th, she died. No autopsy.

These two cases are thought to be peri-nephritic abscesses. Both patients were feeble, anæmic, half-developed girls. Both had incontinence of urine. The first recovered; the second had pus in the urine, other organic disease, and death.

Foreign Correspondence.

[We publish the following letter from our London Correspondent, who was a member of the Commission sent by the Suffolk District Medical Society to the recent International Medical Congress in Paris, not doubting that our readers will welcome any authentic information regarding the doings of this hitherto somewhat reticent body. The full delegation sent from Boston consisted of Drs. Upham, Tyler,

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Coolidge, Stearns, Codman and Brown. In due time their full report will no doubt be presented to the Society.—Eds.]

LONDON, October 27, 1867.

MESSRS EDITORS,—I am in receipt of your letter, asking me to tell you something of what we accomplished and what we saw in Paris as Commissioners of the Suffolk District Medical Society to the Medical Congress and the Exposition; and, as one of that body, I send you a brief jotting of our experiences. Our brethren, who are quietly pursuing their every-day professional business at home, must pardon this delay in advising them of our proceedings—for, when one is spending *all day* in hospitals, dispensaries and lecture-rooms, and is trying to steal an hour *more* for the sights of the Old World, but little time and less strength are left for home correspondence.

We came together with our minds filled with the liveliest anticipations of a warm and hearty reception on the part of our French brethren. We looked for nothing less than the whole committee of organization, with him who is said to thirst for blood at their head, rushing forward with outstretched arms to embrace and give us the time-honored kiss on each cheek in welcome. But, alas! there was nothing of the kind. Not to be captious in the matter, the Commissioners could not help noticing the fact that none of the delegates were received by any committee appointed for the purpose; indeed, it was only by persistent endeavors that they obtained a reception and acknowledgment of their claims as delegates.

Actuated by a desire for a thorough organization in order to gain all possible good from the Congress, and to bear home as much information as we could to our constituents, the Commission met several days before the opening of the Congress at the office of a well-known banker. There, and, subsequently, at other places, we held several meetings for discussion on the Congress and medical subjects.

The Commissioners were all present at the opening of the Congress, at the Ecole de Médecine, on the 16th of August. They found there assembled, in the amphitheatre of that time-honored institution, a large concourse of professional gentlemen of all nations, languages and climes. "Time honored" the Commissioners concluded the institution must be, for they were forced to bear away, at every sitting, a large deposit of the dust of ages on their coats. Even the learned papers which were read, and the able discussions which ensued, with the view, moreover, of the superb painting of Ambrose Paré which decorates the wall of the amphitheatre, failed to counterbalance the inconveniences from over-crowded seats, wretched ventilation and the over-heated air of the assembly room. All these inconveniences, however, were faithfully endured, and the first and each subsequent séance of the Congress was attended by one or more of the Commission, on the alert to gain whatever information was possible. They were somewhat amused, a few days later, in reading their own names in the list of delegates present, which, thanks to French orthography, chirography and punctuation, were so garbled that it was with some difficulty that each individual member could pick out and identify his own. The Congress was called to order by the Chairman of the Committee of Organization, who, calling attention to the past and present state of the profession, welcomed the members present, for-

eigners as well as Frenchmen, all fellow-workers in the cause of medical science of the future, expressing, however, with the true assurance of his people, the opinion that the brightest field of professional progress is in their own land, and introducing, as an appropriate quotation for the occasion, the motto of the French poet:—

France est Paris; et Paris, c'est tout le monde.

The Congress was then organized by the choice of permanent officers; Prof. Boulland being elected President and Dr. Jaccoud Secretary, with a large number of Vice Presidents from France and other nations of Europe. The meeting subsequently listened to the first paper on the list, as appointed by the Committee. The Committee had appointed twelve séances to constitute the assembly of the Congress, viz., six in the day-time and six in the evening—the Congress to hold in session for about two weeks. To each day meeting a subject for consideration was assigned, and readers appointed to present articles on each subject in succession. The subjects appointed for the day séances were as follows:—

1st. The pathological anatomy and physiology of tubercle. Tuberculosis in different countries and its influence on mortality.

2d. On the influence of climates, of races, and different conditions of life on menstruation in different countries.

3d. On general accidents which cause death after surgical operations.

4th. Is it possible to propose to the different governments some efficacious measures to restrain the propagation of venereal diseases?

5th. On the acclimation of the races of Europe in cold countries.

6th. On the influence of food used in different countries on the production of certain maladies; and on entozoa and entophytes which can be developed in man.

It would render my letter tedious were I to enter upon a description of the papers, or the discussions which ensued. Many of them were exceedingly interesting, and some presented new ideas of value. It is, however, beyond the province of your correspondent to describe the new ideas, as they are in the hands of sub-committees of the Commission, and will be included in their report to the Society. The evening séances were devoted to the reading of articles of a miscellaneous character, and it may not be amiss to mention the following as more worthy of notice:—Dr. Brown-Séquard (of New York) on new views of the signs of cerebral diseases; Dr. Galezowski (of Paris) on the alterations of the retina and choroid in the tubercular diathesis; Dr. Brunetti (of Padua) on a new method of preservation of anatomical preparations; Dr. Kauchfuss (of St. Petersburg) on the construction of hospitals for children; Dr. Drysdale (of London) on the treatment of syphilis without mercury; Dr. Ravoth (of Berlin) on the diagnosis of hernia; Dr. Kristeller (of Berlin) on obstetrical operations by external manipulation.

Quite full reports of the meetings, with extracts from the papers, appeared in the medical journals of Paris, and the official report of the Congress will be issued in due time.

Feeling satisfied that there were other topics on which they could obtain useful information for the profession at home, the Commission-

ers subdivided into committees for the consideration of such subjects ; it would, however, be improper to anticipate their report.

Thus passed the International Medical Congress of 1867 ; international the Commissioners felt it to be *in name*, but, *in reality*, thoroughly an exponent of the country within whose borders it was held. B.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE BOSTON SOCIETY FOR MEDICAL IMPROVEMENT. BY CHARLES D. HOMANS, M.D., SECRETARY.

SEPT. 23d.—*Ovariotomy ; Remarks of Mr. T. Spencer Wells and Professor Peaslee.*

Dr. D. H. STORER said there was a disinclination on the part of surgeons in this neighborhood to perform this operation ; he hoped the two distinguished ovariomists present would give the Society the results of their experience and their opinion as to the propriety of the operation.

Mr. SPENCER WELLS said his confidence in ovariotomy increased as his experience became larger, the mortality after operations having diminished, while the survivors had enjoyed greatly improved health. Of his own cases, eleven women have borne children after having had an ovary removed, some of them having been confined two or three times. Prejudice had been aroused against the operation because it had been done when it was not justifiable ; patients in good health with ovarian tumors and no discomfort, have been persuaded to have the operation done and have died in a few days, while on the other hand the operation had been done on women in a most miserable condition.

Mr. Wells said he had operated on 228 women, of whom 162 recovered and 66 died. In the first 100 cases, 66 recovered and 34 died ; in the second 100 cases, 72 recovered and 28 died ; in the remaining 28 cases, 24 recovered and 4 died. In incomplete operations, the mortality is 40 per cent. In 18 cases he had made exploratory incisions and had lost 25 per cent, but these operations will be less frequent as experience becomes greater. In two cases he had done ovariotomy twice ; the first patient died of peritonitis, the interval between the operations having been nine months. The second patient still lives, the last operation having been done eighteen months after the first.

In seven cases he had removed both ovaries at the same time ; of these, four recovered and three died.

In answer to Dr. LYMAN, Mr. Wells said that in the general hospitals of England the mortality had been very much greater than in private practice or in small hospitals. In Guy's and some other institutions, the patients have been kept by themselves after the operation, and no students or other than the necessary attendants allowed to visit them, which seemed to him likely to have a good effect. In his own hospital, the Samaritan, containing only twenty beds, the patients are kept separate, but the mortality is still slightly greater than in private practice ; in the first one hundred of his cases the mortality

was greater in private practice than in this hospital, but in the second one hundred it was greater in the hospital. He had never thought of giving chlorate of potash with the idea of curing ovarian disease; he thought the cases reported of improvement during the administration of this medicine were not cases of disease of the ovary. In the after-treatment, he always ordered the window to be kept open to some extent, summer or winter.

Dr. PEASLEE said he had operated in 1850, and had the first successful case in New England, but he felt very modest at the side of Mr. Wells, who in ten years had done more than any other surgeon living to prolong life, having restored 142 women to perfect health; he had caused premature death to fifty-eight women, but, as the hope of life with ovarian disease is very much less than after recovery from ovariectomy, those who survive the operation having usually perfect health, this amounted to but little as an objection.

He thought the operation should never be done save by a surgeon accustomed to operate; many men perform ovariectomy who never do any other operation, but in complicated cases the best qualifications of the surgeon are required as much as or more than in any other operation. There has been great carelessness as to the time and manner of operating; great caution should be used—no attempt at flourish or brilliancy should be made. Dr. Peaslee said he would never operate unless he were to have the whole charge of the patient afterwards. In answer to Dr. H. J. Bigelow, he said he thought the operation more likely to succeed at the hands of an experienced surgeon than of one not accustomed to do operations. He considered the after-treatment also very important; large doses of opium are bad—as little as possible should be given; nourishing food should be used with discretion. In several cases he had injected into the abdominal cavity one or two quarts of pure water to wash out clots and prevent septicæmia. He thought good air and favorable situation very important.

Dr. H. J. BIGELOW said he had listened to these remarks with great interest; he had often quoted the case in which this "washing out" was first done by Dr. Peaslee, and thought the expedient in that case an excellent instance of the benefit of judicious surgical interference. He had done the operation twice, unsuccessfully, in 1849-50—the first operations here—and, having numerous applications to do it again, had uniformly since refused as a matter of personal preference and taste. Statistics as to the results of operations are imperfect; many fatal cases about this city have never been reported, and possibly elsewhere the same omission has occurred. In connection with the valuable statements which had been made, he adverted to the fact that success has not been in proportion to skill, complicated cases operated on by inexperienced persons having succeeded, while many fatal though promising cases have occurred in skilful hands. As far as he had been able to learn, the improvements in the method of operating of late years have not been important, and those in the subsequent treatment only commensurate and identical with the improved treatment after surgical operations generally, unless Dr. Peaslee's admirable method of cleansing the peritoneum be excepted; but this has been rarely resorted to. He thought that the country was the best place, and a hospital the worst, for this operation.

Dr. LYMAN said that in estimating the value of statistics, much greater value should be placed upon those of a man who had had two or three hundred cases of his own, than if as many cases had been reported by a large number of operators.

Dr. JACKSON remarked upon the great want of success in this operation, as performed by the surgeons of this city, and the prejudice against it that has very naturally existed. Some gross errors in diagnosis had also been made; in one case an enlarged spleen was mistaken for an ovary, and an operation would perhaps have been done if the patient had not died of another disease. In two other cases, it was the uterus enlarged by fibrous tumors that was removed. The error in one of these at least was due to the very remarkable sense of fluctuation that existed, and which is not extremely rare in this kind of tumor. Elongation of the uterine cavity, as shown by the sound, is one of the indications of fibrous tumor; but this last may be so situated as not to cause elongation, and on the other hand the organ may be very much elongated by an ovarian tumor.

SEPT. 23d.—*Large Calculi in each Kidney; Stricture of Urethra; Perineal Fistula.*—The specimen was shown by Dr. J. HOMANS, Jr., who made the autopsy; the account of the case was furnished by Dr. GREEN, of Dorchester, the attending physician.

"The patient, a carpenter, æt. 66, when a boy remembers having had a severe fall upon the small of his back. About six years ago, began to have some difficulty in micturition, being obliged to pass water often; from that time has gradually failed, the urine becoming purulent and ammoniacal, and voided with pain. Gave up work a year ago, about which time several perineal abscesses formed and discharged externally, but without extravasation of urine until about ten months since; when, after great pain and swelling in the perinæum, with stoppage of water, the urethra ruptured, and the urine passed out through a perineal fistula. For several months the urine passed entirely in this way, until about five months ago, when it was resolved to perform perineal section, if no catheter could be passed into the bladder. After much trouble an instrument was passed, and dilatation of the strictured portion began. The urine has passed by the urethra entirely since that time. He has gradually failed, and died September 10th, 1867."

"*Autopsy.*—Both kidneys contain calcareous masses of various sizes and shapes. In the left kidney is a calculus which fills the pelvis, the infundibula, and projects into many of the calices, forming a mass not unlike some coral formations. The body of this mass may be said to be about $2\frac{1}{2}$ inches long and $1\frac{1}{2}$ wide. Its weight is one ounce. It is a complete cast of the pelvis of the kidney, with its prolongations. Many of the extremities of the branches have cup-shaped ends, which articulated with other calcareous masses more deeply imbedded in the kidney, or received the papillæ of the pyramids. In the right kidney are irregular calcareous masses of variable size, some of them quite small, others seven eighths of an inch in length. There is purulent-looking fluid filling the intestines around these masses; in this fluid no pus-cells were seen, but many oil-globules, granular matter, and crystals of triple phosphate. The renal substance around the calcareous masses is in a gangrenous condition. The ureters contain the same purulent-looking, offensive fluid, and calcareous débris. The

parietes of the bladder are thickened, the mucous membrane of a dark-green color, and in many places cribriform; the same sort of fluid that is found in the ureters is here also. The middle pathological lobe of the prostate is enlarged, while the gland itself is quite small, and forms a mass the size of a large filbert; the mucous membrane anterior to the prostate, and in the neighborhood of the veru-montanum, is in a cribriform condition. At the anterior extremity of the membranous portion of the urethra are the results of inflammation; much thickened tissue surrounds the urethra, and its calibre is diminished; here was probably the seat of the stricture. A fistula about two inches in length runs along from this point by the side of the canal, in an anterior direction, and opens through the skin of the perinæum. A sinus, about an inch long, runs forward behind the urethra from the same point, and seems to have no external opening.

"An analysis of one of the fragments found in the kidneys, proves it to be composed of urates, carbonate and oxalate of lime, and the triple phosphate of ammonia and magnesia."

Oct. 14th.—*Death from the Sequelæ of Diphtheria.*—Dr. MINOT reported the case.

The patient, a lady of nervous temperament, 65 years old, had an attack of diphtheria, in July last, while staying at the seashore, for which she was treated by Dr. Edward Newhall, of Lynn. Tonics and stimulants, combined with energetic local applications, were the means employed, and the patient recovered. Some weeks afterwards, inflammation, followed by ulceration, attacked the cornea of the right eye, which had twice before been subject to the same affection, at intervals of several years, so that its sight was much impaired. At the same time the patient began to lose control over her limbs, so that she could neither stand nor walk without assistance. She also began to transpose her words in speaking, and to use one resembling in sound, but differing in sense from the word she intended to employ. There was never any difficulty in articulating or in swallowing; nor was there any real paralysis, but rather a weakness and a want of coördination of the movements. The pulse was slow in the morning and quicker in the evening, but there was no fever. Appetite moderate; much complaint of want of sleep, though in reality the sleep was not very deficient; occasionally she would sleep the whole night. She came to town towards the end of September, and was first seen by Dr. M., Sept. 29th. She was then able to walk out a little, with assistance, and drove daily in an open carriage. The eye was nearly healed, under Dr. Williams's care. The memory was somewhat impaired, and at times there was a little delirium. The urine was twice examined for albumen, but none could be detected by nitric acid or heat. The pulse at first was about 60 in the minute, and never rose above 90. The patient could grasp firmly with the hands, but could not hold her teacup without danger of letting it drop. The power of walking failed rapidly. At the same time the delirium increased, and on the 8th of October it amounted to complete mania, the patient laboring under the most extraordinary delusions, and manifesting hostility to all about her. She refused to take food or medicine. Drs. Newhall and Williams saw her in consultation on the evening of the 9th, and as it was impossible to give medicine by the mouth, a few drops of a strong solution of morphia were injected subcutaneously, at about

7 o'clock, soon after which she fell asleep. At 9½, Dr. M. found her sleeping quietly. At 4, A.M., it was found that she was dead. Rigor mortis was complete, and the body was cool, so that death must have taken place some hours previously (probably as early as 11 o'clock), but so quietly that the attendants, who were constantly in the room, and awake, were not aware of it.

An autopsy was not allowed.

The treatment consisted in the administration of tonics (iron and quinine), sedatives (bromide of potassium), stimulants, and as nourishing a diet as possible. Electricity was begun to be employed, with a view to improving the muscular strength, but the mental condition of the patient made it necessary to suspend it.

Bibliographical Notices.

The Indigestions; or Diseases of the Digestive Organs functionally Treated. By THOMAS KING CHAMBERS, Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital, Consulting Physician of Lock Hospital, &c. &c.

DR. CHAMBERS is widely known as the author of the most popular recent work on Clinical Medicine known by the title, the *Renewal of Life*. The present volume is likely to meet with an equally favorable reception. It cannot be denied that the tendency of the skeptical spirit of modern medical philosophy is rather to discourage physicians in the employment of curative means, and lead them to turn their minds somewhat too exclusively to the questions of diagnosis and prognosis. Successful practice must include treatment—skilful treatment as well. To those who are inclined to leave *dux natura* to do the whole work, or whose skepticism has made them but hesitating and doubting counsellors by the bedside, we recommend the writings of Dr. Chambers. No one is more exact and shrewd in diagnosis than he, but at the same time he is blessed with a cheerful spirit which makes his prognosis hopeful where there is the least warrant for it. This is the sort of a physician a sick man wants, and this is the sort of teacher to make such physicians. His writings are full of strong common sense; and while we are not prepared to accept all his theories, we can forgive some hasty generalizations for the great abundance of practical wisdom which they contain. We have rarely seen a better definition of chronic and acute diseases than he thus gives in the volume before us. "Indigestion," he says, "is a chronic disease. By that I mean that its natural path is straight on from bad to worse, unless from the interposition of some extraneous circumstances of accidental or designed origin, foreign to the phenomena of the disease itself. Hence it is not difficult to test the action of a remedy upon it. A cautious observer may from a moderate number of well-considered cases come to a rational conclusion as to its value. While the tendency of acute disease, as I understand it, is to progress in a circle towards the recovery of health; each process, however dangerous and normal it may be, being a step towards the final arrival at that result, if only the patient's strength holds out."

The work before us treats in successive chapters of Indigestion of various Foods, of Habits of Social Life leading to Indigestion, of Abdominal Pains, of Vomiting, of Flatulence, of Diarrhœa, of Constipation and Costiveness, of Nervous Diseases connected with Indigestion, and concludes with an Analysis and an Alphabetical Index. It is illustrated by brief notes of cases, which number as high as CCXXVII., appropriately introduced and instructively commented upon. The work should be in the hands of every practising physician.

Massachusetts General Hospital.

[Surgical Operations for the week ending November 18th. Reported by C. B. PORTER, M.D., Surgeon to Out-patients.]

1. *Wound of Palmar Arch; Ligature of the Brachial Artery.* By Dr. H. J. BIGELOW.—Patient, a young man. Three weeks ago, wounded the palmar arch by striking his hand upon a window-pane. Hæmorrhage occurred, and was arrested by pressure, but recurred again at intervals of a few days. When he entered the hospital, his hand and arm were largely swollen from pressure and inflammation. A compress was applied over the brachial artery, and one over the course of the radial and ulnar arteries each. The arm, well bandaged, was then kept elevated. In the course of a few days hæmorrhage again recurred, and the brachial artery was tied as an operation more certain and safe than the ligature of the palmar arteries, locally, in a hand so swollen and vascular by inflammation.

2. *Tumor underneath the Tongue.* By Dr. H. J. BIGELOW.—Patient was an adult male; had known of its existence for but a few months. Tumor was the size of a small filbert, situated underneath the anterior portion of the tongue, a little to the left side of the frænum, so hard that Dr. Bigelow remarked, before operating, that were it not so rare an affection he should call it a salivary calculus. Upon cutting through the mucous membrane his suspicions proved to be correct, the calculus and considerable of the retained secretion being discharged.

3. *Caries of the Metacarpal Bone of the Thumb.* By Dr. S. CABOT.—Patient, a young lady. No known cause for the disease. There was a fistulous opening on the back of the hand, between the 1st and 2d metacarpal bones. On enlarging the opening and introducing a probe, the proximal end of the metacarpal bone of the thumb was found carious, and the diseased surface removed by a burr-drill.

4. *Cancer of the Tongue.* By Dr. H. J. BIGELOW.—Patient was an elderly man. Tumor of seven months growth; situated underneath the right side of the tongue, about the size of an almond-meat, flattened, ulcerated, and somewhat raised from the surface. It was excised, and the hæmorrhage, which was free from the whole cut surface, was arrested by the application of the solution of perchloride of iron.

5. *Excision of the Tonsils for Enlargement.* By Dr. S. CABOT.—Patient, a child. Tonsils had been greatly enlarged for two months, nearly meeting on the median line. Both were excised.

6. *Canceroid of the Heel.* By Dr. H. J. BIGELOW.—Patient, adult male. Ulcer, two inches in diameter, had existed for over two years; first induced by the irritation from a peg in his boot; of an unhealthy fungoid appearance, with irregular edges. The affected parts were excised, and the diseased os calcis trephined.

7. *Staphylophary.* By Dr. S. CABOT.—Patient was an adult male. Fissure extended through the hard and soft palates on the median line, anteriorly as far as opposite the first molar tooth. The soft parts being freely dissected up, the edges were pared and brought together by nine sutures.

8. *Salivary Fistula.* By Dr. S. CABOT.—Patient, a boy. Fistula, following abscess, was situated about three fourths of an inch behind the posterior edge of

the parotid, discharging very little, except during meals, when there is a copious flow of saliva, to the great inconvenience of the patient. Incisions were made in the form of a letter H, the cross-bar of the H running through the fistula, the flaps were dissected up, one entirely cut away, and the edge of the other refreshed so as to get rid of the cicatrized edge of the fistula, and the edges united by sutures.

9. *Nævus*. By Dr. H. J. BIGELOW.—The tumor occupied a large portion of the upper lip, implicating a portion of its mucous membrane and the septum nasi. Two ligatures were passed under it and tied in such a manner as to completely strangulate it. Before tying it, the skin between the needle-holes was carefully divided with a knife, so as to form a sulcus, and thus determine the exact position of the ligature, which otherwise tends to slip inwards upon the surface of the nævus, and also to anticipate by the knife the slow and painful ulceration of the skin by the ligature.

10. *Chronic Enlargement of the Cervical Glands*. By Dr. H. J. BIGELOW.—Patient, a young woman. Glands injected with tincture of iodine, by means of a subcutaneous syringe, as an experiment.

11. *Deviated Septum Nasi*. By Dr. H. J. BIGELOW.—Patient, a young man. The deviation was originally so great as nearly to occlude the right nostril. Inflammation had made the occlusion complete. The nostril being dissected and opened, the septum was thrust to the opposite side, a large plug being inserted and left in place. The anterior margin of the septum, which now encroaches upon the opposite nostril, was dissected out and removed, leaving a septum of mucous membrane. Dr. Bigelow hoped little from this operation, and proposed, at a future time, to cut away the projecting septum if the patient continued to desire relief.

12. *Contraction of the Jaws*. By Dr. H. J. BIGELOW.—Patient, a child, entered the hospital one year ago, with loss of the entire left cheek, by sloughing, after typhoid fever. The gums and teeth were exposed as far back as the coronoid process. The edges were pared and brought together after a long and tedious dissection, extending above the zygomatic arch, and downward upon the neck below the insertion of the tissues of the cheek into the lower horizontal margin of the jaw. The cheek, though tense, had united perfectly, by a horizontal cicatrix about three inches in length. Operation for contraction. The teeth were firmly locked, and the jaw immovable, as the result of the old and new cicatrices, so that a probe could be hardly introduced between the cicatrized tissue and the teeth. The dense tissue was gradually divided until the jaws were relaxed to admit a thin wooden wedge, by the aid of which, and other instruments, together with the successive divisions of the resisting bands as they presented themselves, the jaws at last yielded, and were separated to the extent of an inch. Dr. Bigelow remarked that with great care for months, about one-third of this advantage would probably be retained, which would be a great gain to the patient.

13. *Deep-seated Abscess, from disease of Tibia*. By Dr. GEO. H. GAY.—Patient, four years ago, while blasting rocks, received a severe blow from a fragment of stone, upon the middle of the front part of the leg, producing a compound comminuted fracture of this portion of the tibia, and a traumatic aneurism from wound of the anterior tibial artery. An operation was then performed by Dr. Gay, by cutting down and tying ends of the wounded vessel. Patient from that time did well. Seen two years ago, and a small opening and sinus leading to denuded bone were enlarged, but no loose fragments of bone were detected. Patient was not seen again until the time of operation. He reported himself perfectly well until four days before, when, without any known cause, he had severe pain, and noticed a swelling in the region of the cicatrix from the operation. Pain and swelling both increased up to the time of entrance to the Hospital. Operation: An incision was made through the skin and muscular tissue down to the abscess, which was found to proceed from a roughened, bare condition of the bone; the pus was fetid, of a greyish brown color.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON: THURSDAY, NOVEMBER 21, 1867.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

THE meeting of the Society for Medical Improvement on Monday night, Nov. 11th, was rendered memorable by the account of the last illness of one who was aptly designated by an officer of the Army as "the first civilian of New England." We feel that the scientific character of this JOURNAL does not require us to repress all mention of that statesman so loved and honored by men of every shade of opinion, who has been recently taken from us. The relation which during the war the late Governor Andrew sustained toward our profession, permits us to mingle our grief at his loss with that of the rest of the community, and of the nation. From the first outbreak of hostilities, that paternal tenderness which he manifested for the soldier extended itself to provision for the care of those who should be struck down by wounds or by disease. Before the formation of the grand army, a volunteer commission of physicians, acting under his direction, met daily at the State House, and through their efforts the early "three months regiments" were most liberally supplied with medical stores of every kind. And it was not long before a board of medical examiners was formed, composed of men of the highest eminence, who carefully investigated the fitness of every candidate for the post of surgeon to a Massachusetts regiment. No appointment of a medical officer was made by Governor Andrew save from among those who had passed an examination satisfactory to that board. If we reflect, on the one hand, how the cause of humanity might have suffered, and what damage to the *prestige* of the profession here might have been inflicted by want of discrimination, or by personal or partizan bias in this matter; and, on the other hand, upon the general good character of the Massachusetts volunteer surgeons, together with the bright names among the living and the dead which they have placed on the roll of honor, we feel assured of our right to add our humble tribute of gratitude to the memory of the departed.

The *post-mortem* examination of the deceased revealed an apoplectic effusion more extensive than had ever before come under the observation of our most eminent pathologist. Though perhaps constitutionally predisposed to the disease, the attack might well have been deferred till after the lapse of many additional years of usefulness, but for the overtasking of the brain, during the war, when, as has been said, it did the mental work of four men. That brain and the heart which throbbed in unison with it, were spent in the cause of our national existence. None, even among the brave who fell in the carnage of the Wilderness, or on Western battlefields, better deserve the name of martyr than he to whom we give these few poor words.

A more cheerful topic engaged the attention of the Society when listening to the remarks of Dr. Bowditch, who has just returned from abroad. As his tour was made solely in quest of health, he had avoided matters medical; but had visited his "Master"—LOUIS—and found him, at the age of 80, "as clear in his intellect, and as warm at heart," as in former days.

As the subject of the prevention of cruelty to animals is much agitated at the present time, Dr. Bowditch's description of certain of the institutions of Paris is quite in point. From time immemorial, of the objects of curiosity to strangers in that city, the *abattoirs*, or slaughter-houses, have not been among the least. In quarters of the capital lately renovated by the present Emperor, buildings of that class have been erected on a scale truly remarkable. No animals are allowed to be slaughtered, except at these establishments; and there the *marchands bouchers*, or master butchers, hire the privilege of carrying on the business, which is subjected to the most stringent regulations. The animals are brought in blindfolded, and without violence, struck down by a dexterous blow on the back of the head with a heavy hammer sharpened on one of its sides, and rendered at once unconscious. Life is then immediately destroyed by the crushing force of the instrument, the blunt side of which is directed against the forehead. As soon as the slaughtering is finished, all the blood and other offal subject to putrefaction are removed from the building, and carried several miles out of the city, to be used for fertilizing purposes. Thus the work is carried on in the heart of the metropolis, without that offence to the nostrils which renders one of our suburban towns a place to be avoided by those who drive for pleasure.

A painful sight which meets the eye in this region, is in the guise of long lines of the shattered remnants of what once were horses, who have perhaps, when in their prime, borne themselves gallantly as the cherished steeds of appreciating owners. Now, surrendered to the tender mercies of human brutality, these living skeletons, with what flesh remains upon them, lacerated by bad usage, drag their weary limbs and wearier loads through our streets, till a lingering death relieves them of their sufferings. In Paris, albeit the gay and the wicked, they have "changed all that." Science, in one of its humanizing moods, has sought in horseflesh an economical food for impoverished humanity; and succeeded not only in this, but also in providing a way of escape for the favorite of the beasts of burden from the miseries of neglected age and disability. Scientific men, taking the initiative, have tasted of this food, and pronounced it good. Banquets of horseflesh, "served in every style," have been among the *recherché* entertainments of select coteries. And now, the slaughtering of horses and the sale of their meat, has been taken under the protection of the government, and made the subject of strict police regulation. No horseflesh is allowed to be kept where other meats are sold. Separate shops, already numbering eighteen, and having the sign *Boucherie de cheval* over their doors, are devoted exclusively to the sale of this article, to which rich and poor are fast learning not to say nay. Here the "rump," the "loin," the "round," are exposed, sausages are made, and the various uses made available, to which other "cattle" do come. In short, horseflesh serves all the purposes of what some in this land have been known to call "critter." It is afforded at about one third the price of beef.

How can so valuable an animal be sold thus low? By taking those only which are of little value or worthless for draught purposes, because of injury, lameness, spavin, or other unsoundness, which do not affect the purity of the meat. A rigid inspection prevents any others from reaching the butcher shops. Horses perishing from diseases which taint the flesh are rejected, as are also those which are found to be out of condition, or which present indications of harsh usage, in

the shape of lacerations or even abrasions. Thus a premium is offered for kind or at least decent treatment of the animal. Dr. Bowditch practically tested the quality of this food, with which he was regaled in the various forms of soup, *horse à la mode*, *paté*, roast, &c. He found it but little different from beef. One point he stated with special emphasis—that, in future, after any battle where horses are slain, the suffering of soldiers from hunger, and the polluting of the air from the bodies of these animals left to rot, should be things unknown.

Chancre supervening upon Secondary Symptoms.—We translate from the *Union Médicale* the following account of a case of a chancre occurring during the period of secondary symptoms. The case was reported by M. Michaud, interne of the Lourcine Hospital.

K., aged 32 years, married ten years, had four years ago a vaginal discharge, symptomatic of ulceration of the uterine neck. This year, towards the end of April, she discovered on the left labium quite a hard papule, which was probably an infecting chancre. On questioning her subsequently, the patient said she had had several papules consecutively, the number of which had progressively augmented until the end of the month of June, during which period, according to her statement, she had scabs upon the scalp, and lost flesh.

The 29th of June, K. came to the Lourcine, and was seen by M. Desprès, who found numerous mucous tubercles scattered over the whole mucous surface of the labia majora, and others at the margin of the anus; also clusters of enlarged indolent glands in both groins. Cauterizations with chloride of zinc—no mercury: tonic regimen. The 20th of July, the patient came again for advice to M. Desprès. The mucous tubercles were nearly cured; but, on the upper lip there was an indurated chancre of the size of a small hazel-nut. The latter was developed in the following manner. Eight or ten days after the patient first consulted M. Desprès, she discovered at the upper extremity of a crack in the upper lip, from which she had removed a scab the night before, a small swelling, which gradually increased in size, and which scabbed anew. The 27th of July, the patient presented herself for the third time to M. Desprès. At the vulva, the only traces of the mucous tubercles consisted in white spots on the mucous membrane of the labia majora. At the upper lip, the chancre had attained the size of a franc-piece. The circular induration was well marked underneath a thin scab which covered the tumefaction. Sub-maxillary adenitis existed. Two ganglions are still swollen, and one in a state of indolent inflammation. A sub-hyoid ganglion was also enlarged, and is so still. There was a mucous tubercle upon the right tonsil.

The 22d of August, this patient entered the Lourcine Hospital during the service of M. Liégeois, when she was subjected to mercurial treatment. The 5th of September, however, a few mucous tubercles had returned upon the labia majora.

M. Liégeois, on the ground of the slightly-marked glandular enlargement, and taking into consideration the usual course of syphilis, was inclined to think that the case was one of simple mucous tubercle, taking on a peculiar character from its seat, and from contact with the air. M. Desprès, on the contrary, saw in this lesion all the indications of indurated chancre of the upper lip. In order to decide the question, this patient was to have been presented to the Academy of Medicine the 4th of September; but the programme for the day, having been very crowded, did not allow of it. Nevertheless, several Academicians, MM. Ricord,

Gueneau de Mussy, and Depaul have seen her, and have not hesitated to diagnose an indurated chancre of the lip. M. Ricord's only doubt was in regard to the anterior existence of mucous tubercles.

[The reporter of the case subjoins the following remarks.—Eds.] It cannot be supposed that there were in one patient two indurated chancres resulting from two infections incurred at the same epoch, since at the time of the appearance of the second chancre, there remained no traces of the first. We have here a syphilitic re-infection which may be likened to the artificial re-inoculations of Wallace, H. Lee, Diday, Sperino, etc., and to the natural re-infections observed by MM. Follin, Rodet, and Diday. In a great number of these cases, and notably in the artificial re-inoculations, the indurated chancre of the second infection was remarked as showing a noteworthy diminution of the induration, ulceration, and glandular enlargement, to such a degree that the lesion was, in certain instances, only an aborted chancre. In our patient the indurated chancre is voluminous, the ulceration extensive, the induration well marked. Adenitis existed, but of moderate intensity.

On the other hand, though the experiment of the inoculation of syphilis has been successful in all the periods of its evolution, clinical observation has hitherto shown a considerable interval between two successive syphilitic attacks. Thus, in the patients of M. Diday, among whom the two infections were the least distant from each other, we find the interval to be twenty-two months on the average. In these cases, the subjects presented no traces of the first affection, at the time of the second; and, according to M. Diday, re-infection demonstrated positively the cure of the first syphilis. In our patient the indurated chancre of the lip showed itself, while the secondary symptoms were in full blast about two months and a half after the breaking out of the first infection.

Natural re-infection has given here a result not before observed, but of which artificial inoculations had demonstrated the possibility. We may, therefore, conclude, as Rollet says in his "*Traité des maladies vénériennes*," that the re-inoculability of syphilis is an exception, but that such exception may be observed in all periods of the disease; even at the commencement, and consequently, long before the diathesis has been effaced.

WE translate the following items from the same journal.

Experiments with the Chassepot Rifle.—Doctor Sarazin, of the Faculty of Medicine of Strasbourg, took the body of a man who had died of cirrhosis of the liver, and suspended it by the neck, in close contact with a plank wall. The preparations made, Dr. Heriot, of the 14th battalion of "Chasseurs," placing himself at a distance of fifteen metres from the body, takes five shots at the subject with a Chassepot rifle—one shot at a point a few centimetres above, and a little within the anterior superior spinous process of the ilium; a second at the femur, on a level with the superior border of the patella; the third at the thigh, toward the apex of the triangle of Scarpa; the fourth at the anterior and inner part of the first; the fifth, a finger's breadth below the coracoid process. The following were the results:—

1st. With the new projectile, the diameter of the orifice of entrance is essentially the same as the diameter of the projectile itself.

2d. The diameter of the orifice of emergence is enormous, being from seven to thirteen times greater than that of the ball.

3d. The arteries and veins were cut across, retracted, gaping open; the muscles torn and reduced to a pulp.

4th. The bones were fractured to a considerable extent, and out of all proportion to the dimensions of the projectile.

In sum, the wounding capacity of the weapon is remarkably great. And it is proper to note that, having passed through the body, the projectile pierced two planks, an inch thick each, and then buried itself in the wall.

Impaludism.—Under the names of "Impaludism" (says the author of a work bearing that title), and of "paludian intoxication or infection," should be comprehended a morbid entity [?] becoming developed with varying frequency and gravity, in marshy regions cultivated poorly, or not at all, and which gives rise to affections accompanied or not with fever or intermittent action—affections without known primitive lesion. These affections may or may not be followed by secondary congestive lesions, the principal distinguishing characteristics of which are: 1st, to manifest themselves by nervous disturbances of infinite variety, and, for the most part, to be explained as an incipient neuralgia in one or more of the sensitive filaments of the ganglionic or cerebro-spinal system; that neuralgia giving rise, by reflex action, to a transient excitement of the corresponding motor nerves, followed by a numbness or even a veritable paralysis of those same motor nerves; 2d, to yield more or less readily, but often with marvellous rapidity, to the preparations of quinine judiciously administered.

Sequelæ of Intermittent Fever.—A writer in the *Journal des Connaissances Médicales* speaks of certain sequelæ of intermittent fever, manifested by bloating of the face, a clay-colored appearance of the skin, and by a swelling of the liver, these being very often followed by organic lesions. He adds that quinine being so expensive that sometimes families thus affected are obliged to do without it, resort may be had to an efficient agent, as a substitute, in the shape of alcohol, or wine which contains a large proportion of alcohol. The addition of juniper berries, or cinnamon, and warming the beverage, still further promote its success. These liquids should be administered in increasing doses, according to the age or sex, about three hours before the access of the symptoms. The intervals between the doses should not be greater than a quarter of an hour. A strong impression is thus made upon the nervous system; the heat and the pulse come up, and the skin becomes moist.

Vermont Medical Society.—The Fifty-third Anniversary of the Vermont Medical Society was held in Montpelier, October 16 and 17. After the morning business, Dr. Stiles read an appropriate sketch of the character and services of Dr. C. B. CHANDLER, of Montpelier, late a member of this Society, deceased, closing with appropriate resolutions.

Dr. Butler presented the report of a committee appointed at the semi-annual meeting, upon the subject of Criminal Abortion, &c., and recommended the appointment of a committee to present the same to the Legislature now in session and urge its adoption.

Dr. Hutchinson read an interesting paper on the Medical Springs of Vermont; giving analyses and medicinal properties.

Dr. Frost read a paper on Puerperal Convulsions.

At 4 P.M., the Society listened to an interesting address from the President of the Society, and the evening session was devoted to the discussion of Ovarian disease and Ovariectomy, by Dr. Burnham of Mass., Dr. Wolff of N. Y., and Dr. Storer of Boston.

Thursday, 9 A.M., a discussion upon *Puerperal Convulsions*, in which Drs. Frost, Russ, Bullard, Tenney, Warner, Keith, Miles, Richardson, Putnam, Hyde and others participated, relating cases occurring in their own practice.

The committee on Nominations reported the following list of officers for the year ensuing, viz: *President*, C. P. Frost, M.D., of Brattleboro'; *Vice President*, E. N. S. Morgan, M.D., of Bennington; *Secretary*, L. C. Butler, M.D., of Essex; *Treasurer and Librarian*, Charles Clark, M.D., of Montpelier; *Corresponding Secretary and Auditor*, C. M. Chandler, M.D., of Montpelier.

Dr. Janes, of Waterbury, read a paper on *Gun Shot Fractures of the Bones*, occurring under his observation in two field hospitals over which he had charge during the war.

The by-law admitting to honorary membership four members of the profession out of the State, was adopted by the Society, and Dr. Ashbel Woodward, of Connecticut; Dr. G. P. Conn, of New Hampshire; Dr. Arthur Wolff, of New York; and Dr. Walter Burnham, of Massachusetts, were nominated for election at the next annual meeting.

PROF. F. VERDUGO, an ornament of the medical profession in Spain, has just died at the age of 105 years, at Alberca, a province of Salamanca. He had practised eighty years.—*Evenement Médical*.

DR. ALDEN MARCH, of Albany, has been President of the Faculty and Professor of Surgery in the Medical College of that city since its establishment in 1838. Dr. James H. Armsby has also been Professor of Anatomy, and Dr. B. P. Staats one of the Curators, in the College during the same time.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, NOVEMBER 16th, 1867.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	37	45	82
Ave. mortality of corresponding weeks for ten years, 1856-1866	37.7	39.2	76.9
Average corrected to increased population	00	00	85.00
Deaths of persons above 90	0	1	1

BOOKS AND PAMPHLETS RECEIVED.—A Treatise on Therapeutics and Pharmacology, or Materia Medica. By George B. Wood, M.D., President of the College of Physicians of Philadelphia, &c. &c. Third Edition. In two volumes. Philadelphia: J. B. Lippincott & Co. 1868.—Abuses of the Sexual Function. By E. P. Miller, M.D. New York. 1867.—Extra-uterine Fœtation and Gestation, and the Early Signs which characterize it. By Stephen Rogers, M.D., New York. From the Transactions of the American Medical Association.—Report of the Proceedings of the Superintendents of American Institutions for the Insane. 1867.—The Illustrated Annual of Phrenology and Physiognomy for 1868. By S. R. Wells, New York.—Then and Now: A Discourse Introductory to the Forty-third Course of Lectures in the Jefferson Medical College of Philadelphia. By S. D. Gross, M.D.

DEATHS IN BOSTON for the week ending Saturday noon, Nov. 16th, 82. Males, 37—Females, 45. Anæmia, 1—apoplexy, 2—congestion of the brain, 2—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 1—cancer, 1—cholera infantum, 1—cholera morbus, 1—consumption, 16—convulsions, 4—croup, 3—cyanosis, 1—diarrhea, 1—dropsy of the brain, 2—drowned, 1—dysentery, 2—epilepsy, 1—erysipelas, 1—scarlet fever, 6—typhoid fever, 3—gastritis, 1—disease of the heart, 2—infantile, 3—intemperance, 1—disease of the kidneys, 2—inflammation of the lungs, 5—marasmus, 1—cerebro-spinal meningitis, 1—old age, 2—paralysis, 1—peritonitis, 1—puerperal disease, 1—scrofula, 1—thrush, 1—unknown, 4.

Under 5 years of age, 33—between 5 and 20 years, 8—between 20 and 40 years, 19—between 40 and 60 years, 7—above 60 years, 15. Born in the United States, 57—Ireland, 18—other places, 7.